Fill in this information to identify the case:

Debtor name **Health Assurance, LLC**

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI

Case number (if known) ______

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended *Schedule* ______
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration ______

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **February 15, 2017**

X **/s/ Carl Reddix**
Signature of individual signing on behalf of debtor

Carl Reddix
Printed name

Managing Partner
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **Health Assurance, LLC**

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI

Case number (if known) ____________

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. ***Schedule A/B: Assets-Real and Personal Property*** (Official Form 206A/B)

1a. **Real property:** Copy line 88 from *Schedule A/B*.	$	**0.00**
1b. **Total personal property:** Copy line 91A from *Schedule A/B*.	$	**0.00**
1c. **Total of all property:** Copy line 92 from *Schedule A/B*.	$	**0.00**

Part 2: Summary of Liabilities

2. ***Schedule D: Creditors Who Have Claims Secured by Property*** (Official Form 206D) Copy the total dollar amount listed in Column A, *Amount of claim,* from line 3 of *Schedule D*.	$	**0.00**
3. ***Schedule E/F: Creditors Who Have Unsecured Claims*** (Official Form 206E/F)		
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of *Schedule E/F*.	$	**0.00**
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.	+$	**51,325,012.96**
4. **Total liabilities** Lines 2 + 3a + 3b	$	**51,325,012.96**

Fill in this information to identify the case:

Debtor name **Health Assurance, LLC**

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI

Case number (if known) ______________

☐ Check if this is an amended filing

Official Form 206A/B
Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. **Does the debtor have any cash or cash equivalents?**

☐ No. Go to Part 2.
■ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor | **Current value of debtor's interest**

3. **Checking, savings, money market, or financial brokerage accounts** *(Identify all)*

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1.	**Regions**	**Checking**		**$0.00**
3.2.	**BancorpSouth**	**Checking**		**$0.00**
3.3.	**BankPlus**	**Checking**		**$0.00**

4. **Other cash equivalents** *(Identify all)*

5. **Total of Part 1.**
Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80. **$0.00**

Part 2: Deposits and Prepayments

6. **Does the debtor have any deposits or prepayments?**

■ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

■ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. **Does the debtor own any investments?**

■ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

■ No. Go to Part 6.
☐ Yes Fill in the information below.

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

■ No. Go to Part 7.
☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

■ No. Go to Part 8.
☐ Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

■ No. Go to Part 9.
☐ Yes Fill in the information below.

Part 9: Real property

54. **Does the debtor own or lease any real property?**

■ No. Go to Part 10.
☐ Yes Fill in the information below.

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

■ No. Go to Part 11.
☐ Yes Fill in the information below.

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**
Include all interests in executory contracts and unexpired leases not previously reported on this form.

■ No. Go to Part 12.
☐ Yes Fill in the information below.

Debtor **Health Assurance, LLC** Case number *(If known)*
Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

	Type of property	Current value of personal property	Current value of real property
80.	**Cash, cash equivalents, and financial assets.** *Copy line 5, Part 1*	$0.00	
81.	**Deposits and prepayments.** *Copy line 9, Part 2.*	$0.00	
82.	**Accounts receivable.** *Copy line 12, Part 3.*	$0.00	
83.	**Investments.** *Copy line 17, Part 4.*	$0.00	
84.	**Inventory.** *Copy line 23, Part 5.*	$0.00	
85.	**Farming and fishing-related assets.** *Copy line 33, Part 6.*	$0.00	
86.	**Office furniture, fixtures, and equipment; and collectibles.** *Copy line 43, Part 7.*	$0.00	
87.	**Machinery, equipment, and vehicles.** *Copy line 51, Part 8.*	$0.00	
88.	**Real property.** *Copy line 56, Part 9*...>		$0.00
89.	**Intangibles and intellectual property.** *Copy line 66, Part 10.*	$0.00	
90.	**All other assets.** *Copy line 78, Part 11.*	+ $0.00	
91.	**Total.** Add lines 80 through 90 for each column	$0.00	+ 91b. $0.00
92.	**Total of all property on Schedule A/B**. Add lines 91a+91b=92		$0.00

Fill in this information to identify the case:

Debtor name **Health Assurance, LLC**

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI

Case number (if known) ____________

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

■ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☐ Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **Health Assurance, LLC**

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI

Case number (if known) ____________

☐ Check if this is an amended filing

Official Form 206E/F
Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. **Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

■ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. **List in alphabetical order all of the creditors with nonpriority unsecured claims**. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1 **Nonpriority creditor's name and mailing address**
AEL
1701 Century Center
Memphis, TN 38134
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collection
Is the claim subject to offset? ■ No ☐ Yes

$7,384.72

3.2 **Nonpriority creditor's name and mailing address**
Air Evac
311 Mecial Center Dr
Batesville, MS 38606
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collection
Is the claim subject to offset? ■ No ☐ Yes

$3,901.67

3.3 **Nonpriority creditor's name and mailing address**
Alliance Heathcare
1430 Hwy 4 East
Holly Springs, MS 38635
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collections
Is the claim subject to offset? ■ No ☐ Yes

$148.65

3.4 **Nonpriority creditor's name and mailing address**
Alliance Hospital
1430 MS-4
Holly Springs, MS 38635
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.*
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collection
Is the claim subject to offset? ■ No ☐ Yes

$32,869.77

Debtor **Health Assurance, LLC** Case number (if known)
Name

3.5 **Nonpriority creditor's name and mailing address**
Anderson Hospital
2124 14th Street
Meridian, MS 39301
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$549.66**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collection
Is the claim subject to offset? ■ No ☐ Yes

3.6 **Nonpriority creditor's name and mailing address**
Anesthesia Consultants
P O BOX 24023
Jackson, MS 39225
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,612.27**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collection
Is the claim subject to offset? ■ No ☐ Yes

3.7 **Nonpriority creditor's name and mailing address**
Annie Williams
Darrell J. O'Neal
2129 Winchester Road
Memphis, TN 38116
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Notice
Is the claim subject to offset? ■ No ☐ Yes

3.8 **Nonpriority creditor's name and mailing address**
Baptist Health System
P.O. Box 23090
Jackson, MS 39225
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$33,779.89**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collection
Is the claim subject to offset? ■ No ☐ Yes

3.9 **Nonpriority creditor's name and mailing address**
Baptist Memorial North
Patient Payments
P.O. Box 415000
Nashville, TN 37241
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$673.33**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collection
Is the claim subject to offset? ■ No ☐ Yes

3.10 **Nonpriority creditor's name and mailing address**
Billie A. Haynes
c/o Louis Watson, Jr.
1880 Lakeland Dr., S-G
Jackson, MS 39216
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$0.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Notice
Is the claim subject to offset? ■ No ☐ Yes

3.11 **Nonpriority creditor's name and mailing address**
BMH Desota
7601 Southcrest Pkwy
Southaven, MS 38671
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$16,526.90**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collection
Is the claim subject to offset? ■ No ☐ Yes

Debtor **Health Assurance, LLC** Case number (if known)
Name

3.12 **Nonpriority creditor's name and mailing address**
BMH North
2301 South Lamar
Oxford, MS 38655
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$23,074.27**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collection
Is the claim subject to offset? ■ No ☐ Yes

3.13 **Nonpriority creditor's name and mailing address**
Carthage Ambulance Ser
101 West Water Street
Carthage, MS 39051
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,529.43**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collection
Is the claim subject to offset? ■ No ☐ Yes

3.14 **Nonpriority creditor's name and mailing address**
Christopher A. Joiner
Jackson Co. ADC
65 Bruce W. Evans Lane
Pascagoula, MS 39567
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Notice
Is the claim subject to offset? ■ No ☐ Yes

3.15 **Nonpriority creditor's name and mailing address**
Donald Edward Tomlin
#122840
530 Airport Road
Columbus, MS 39704
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Notice
Is the claim subject to offset? ■ No ☐ Yes

3.16 **Nonpriority creditor's name and mailing address**
Dr. Rocco Barbieri, MD
3688 Veterans Memorial
St. 200
Hattiesburg, MS 39401
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$8,984.61**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collection
Is the claim subject to offset? ■ No ☐ Yes

3.17 **Nonpriority creditor's name and mailing address**
Field Health System
P.O. Box 11407
Birmingham, AL 35246-0100
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$44,655.78**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collection
Is the claim subject to offset? ■ No ☐ Yes

3.18 **Nonpriority creditor's name and mailing address**
FMCH
P.O. Box 11407
Birmingham, AL 35246
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$142.63**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collection
Is the claim subject to offset? ■ No ☐ Yes

Debtor **Health Assurance, LLC** Case number (if known)
Name

3.19 **Nonpriority creditor's name and mailing address**
Forest General Hospita
P.O. Box 16389
Hattiesburg, MS 39404-6389
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$16,616.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collection
Is the claim subject to offset? ■ No ☐ Yes

3.20 **Nonpriority creditor's name and mailing address**
Greenwood-Leflore
Hospital
1401 River Rd
Greenwood, MS 38930
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$600.00**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collection
Is the claim subject to offset? ■ No ☐ Yes

3.21 **Nonpriority creditor's name and mailing address**
Greenwood-Leflore
Hospital
1401 River Rd
Greenwood, MS 38930
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$8,781.32**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collection
Is the claim subject to offset? ■ No ☐ Yes

3.22 **Nonpriority creditor's name and mailing address**
Hattiesburg Clinic
415 South 28th Ave
Hattiesburg, MS 39401
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,466.93**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collection
Is the claim subject to offset? ■ No ☐ Yes

3.23 **Nonpriority creditor's name and mailing address**
IHS Pharmacy
P.O. Box 1428
Rainsville, AL 35986
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$1,688,358.39**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collection
Is the claim subject to offset? ■ No ☐ Yes

3.24 **Nonpriority creditor's name and mailing address**
Jackson Eye Associates
P.O. Box 23665
Jackson, MS 39225
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$3,861.03**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collection
Is the claim subject to offset? ■ No ☐ Yes

3.25 **Nonpriority creditor's name and mailing address**
Jackson Radiology
1860 Chadwick Drive
Suite B
Jackson, MS 39204
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$71.29**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: Collection
Is the claim subject to offset? ■ No ☐ Yes

Debtor **Health Assurance, LLC** Case number (if known)
Name

3.26	**Nonpriority creditor's name and mailing address** **James Richards** **E.M.C.F.** **10641 Hwy 80 W.** **Meridian, MS 39307** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim: Notice** Is the claim subject to offset? ■ No ☐ Yes	**Unknown**
3.27	**Nonpriority creditor's name and mailing address** **John William Barrett** **Unit-3-C Cell-109** **10641 Highway 80 West** **Meridian, MS 39307** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim: Notice** Is the claim subject to offset? ■ No ☐ Yes	**Unknown**
3.28	**Nonpriority creditor's name and mailing address** **Joseph Still Burn Ctr** **1850 Hospital Drive** **Jackson, MS 39204** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim: Collection** Is the claim subject to offset? ■ No ☐ Yes	**$17,565.68**
3.29	**Nonpriority creditor's name and mailing address** **Lauderdale County** **EMS District** **501 17th Avenue** **Meridian, MS 39301** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim: Collection** Is the claim subject to offset? ■ No ☐ Yes	**$1,190.85**
3.30	**Nonpriority creditor's name and mailing address** **McComb Anesthesia** **215 McComb Avenue** **McComb, MS 39648** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim: Collection** Is the claim subject to offset? ■ No ☐ Yes	**$2,555.74**
3.31	**Nonpriority creditor's name and mailing address** **Medic One** **5226 Hacks Cross Road** **Winona, MS 38967** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim: Collection** Is the claim subject to offset? ■ No ☐ Yes	**$810.36**
3.32	**Nonpriority creditor's name and mailing address** **Medical Foundation** **P.O. Box 2121** **Memphis, TN 38159** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim: Collection** Is the claim subject to offset? ■ No ☐ Yes	**$4,902.17**

Debtor **Health Assurance, LLC** Case number (if known)
Name

3.33 **Nonpriority creditor's name and mailing address**
Medstat
108 S. Front Street
Winona, MS 38967
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$2,254.62**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Collection**
Is the claim subject to offset? ■ No ☐ Yes

3.34 **Nonpriority creditor's name and mailing address**
Memphis Medical
877 Jefferson Avenue
Memphis, TN 38103
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$2,254.62**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Collection**
Is the claim subject to offset? ■ No ☐ Yes

3.35 **Nonpriority creditor's name and mailing address**
Meridian Anesthesia
2104 N. Hills Street
Meridian, MS 39305
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$776.37**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Collection**
Is the claim subject to offset? ■ No ☐ Yes

3.36 **Nonpriority creditor's name and mailing address**
Meridian Foundation
1800 12th Street
Meridian, MS 39301
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **Unknown**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Collection**
Is the claim subject to offset? ■ No ☐ Yes

3.37 **Nonpriority creditor's name and mailing address**
Merit Health
P.O. Box 841672
Dallas, TX 75284-1672
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$106,712.60**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Collection**
Is the claim subject to offset? ■ No ☐ Yes

3.38 **Nonpriority creditor's name and mailing address**
Metro Ambulance Ser
P.O. Box 607
Meridian, MS 39302
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$4,294.49**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Collection**
Is the claim subject to offset? ■ No ☐ Yes

3.39 **Nonpriority creditor's name and mailing address**
MS Baptist Health Syst
PO Box 23090
Jackson, MS 39225-3090
Date(s) debt was incurred _
Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.* **$51.47**
☐ Contingent
☐ Unliquidated
☐ Disputed
Basis for the claim: **Collection**
Is the claim subject to offset? ■ No ☐ Yes

Debtor **Health Assurance, LLC** Case number (if known)
Name

3.40	**Nonpriority creditor's name and mailing address** **Natchez Regional Medical Center** **54 Sgt Prentiss Dr.** **Natchez, MS 39120** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$14,947.63**
3.41	**Nonpriority creditor's name and mailing address** **North MS Medical** **450 East President St** **Tupelo, MS 38801** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$1,425.16**
3.42	**Nonpriority creditor's name and mailing address** **North MS Medical Cen** **830 S Gloster St** **Tupelo, MS 38801** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$5,591.77**
3.43	**Nonpriority creditor's name and mailing address** **Nurse Stat** **5903 Ridgewood Rd.** **Ste. 300** **Jackson, MS 39211** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$14,595.25**
3.44	**Nonpriority creditor's name and mailing address** **Oral & Facial Surgery** **1500 S. 19th Street** **Suite 200** **Birmingham, AL 35205** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$1,716.37**
3.45	**Nonpriority creditor's name and mailing address** **Oxford Eye Clinic** **2167 S. Lamar Street** **Oxford, MS 38655** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$2,768.75**
3.46	**Nonpriority creditor's name and mailing address** **Oxford Hearing** **P.O. Box 1551** **Oxford, MS 38655** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$1,465.00**

Debtor **Health Assurance, LLC** Case number (if known)
Name

3.47	**Nonpriority creditor's name and mailing address** **Oxford Urocare** **1201 Medical Park Dr.** **Ste. 100** **Oxford, MS 38655** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$4,564.75**
3.48	**Nonpriority creditor's name and mailing address** **Oxford Urology** **1201 Medical Park Dr.** **Ste. 100** **Oxford, MS 38655** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$906.01**
3.49	**Nonpriority creditor's name and mailing address** **Pine Belt** **5001 Hardy Street** **Branch, MI 49402** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$1,020.00**
3.50	**Nonpriority creditor's name and mailing address** **Rayner Eye Care** **1308 Belk Blvd** **Oxford, MS 38655** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$43,180.00**
3.51	**Nonpriority creditor's name and mailing address** **Regional One Health** **877 Jefferson Avenue** **Memphis, TN 38103** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$5,844.77**
3.52	**Nonpriority creditor's name and mailing address** **River Oaks Hospital** **P.O. Box 281466** **Atlanta, GA 30384-1466** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$155.00**
3.53	**Nonpriority creditor's name and mailing address** **Rocco Barbiere, M.D.** **3688 Veterans Memorial** **Hattiesburg, MS 39401** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**Unknown**

Debtor **Health Assurance, LLC** Case number (if known)
Name

3.54	**Nonpriority creditor's name and mailing address** **Roger Davis** **c/o Louis H. Watson** **1880 Lakeland Drive** **Jackson, MS 39216** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Notice Is the claim subject to offset? ■ No ☐ Yes	**Unknown**
3.55	**Nonpriority creditor's name and mailing address** **Rush Hospital** **P.O. Box 1630** **Meridian, MS 39302** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$74,824.97**
3.56	**Nonpriority creditor's name and mailing address** **Shontena K. Elliott** **c/o Charles R. Mullins** **P.O. Box 1337** **Jackson, MS 39215** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Notice Is the claim subject to offset? ■ No ☐ Yes	**Unknown**
3.57	**Nonpriority creditor's name and mailing address** **Southwest** **215 Marion Avenue** **McComb, MS 39648** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$42,998.76**
3.58	**Nonpriority creditor's name and mailing address** **St. Dominic** **Professional Svcs** **P.O. Box 22670** **Jackson, MS 39225-2670** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$28,372.99**
3.59	**Nonpriority creditor's name and mailing address** **State of Mississippi** **c/o Jim Hood** **P.O. Box 220** **Jackson, MS 39205** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$49,000,000.00**
3.60	**Nonpriority creditor's name and mailing address** **Stern Cardiovascular** **7362 South Crest Pkwy** **Southaven, MS 38671** **Date(s) debt was incurred _** **Last 4 digits of account number _**	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**Unknown**

Debtor **Health Assurance, LLC** Case number (if known)
Name

3.61	**Nonpriority creditor's name and mailing address** **Stern Recovery Service** **415 N. Edgeworth St.** **Greensboro, NC** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$1,668.04**
3.62	**Nonpriority creditor's name and mailing address** **Surgical Anesthesia Associates** **P.O. Box 23894** **Jackson, MS 39225-3894** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$7,676.98**
3.63	**Nonpriority creditor's name and mailing address** **SW MS Regional Medical Center** **P.O. Box 1307** **McComb, MS 39649** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$4,379.98**
3.64	**Nonpriority creditor's name and mailing address** **Ted Dewayne Cauthen** **SMCI_I, Unit-9** **P.O. Box 1419** **Leakesville, MS 39451** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Notice Is the claim subject to offset? ■ No ☐ Yes	**Unknown**
3.65	**Nonpriority creditor's name and mailing address** **UMC** **2500 NORTH STATE STREE** **Jackson, MS 39216-4505** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$22,877.46**
3.66	**Nonpriority creditor's name and mailing address** **Wesley Medical Ctr** **5001 Hardy St.** **Hattiesburg, MS 39402** **Date(s) debt was incurred** _ **Last 4 digits of account number** _	**As of the petition filing date, the claim is:** *Check all that apply.* ☐ Contingent ☐ Unliquidated ☐ Disputed **Basis for the claim:** Collection Is the claim subject to offset? ■ No ☐ Yes	**$5,075.81**

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

Debtor **Health Assurance, LLC** Case number (if known)
Name

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	**Don Barrett** **Don Barrett, P.A.** **P.O. Box 927** **Lexington, MS 39095**	Line **3.59** ☐ Not listed. Explain ___	_
4.2	**George W. Neville** **Post Office Box 220** **Jackson, MS 39205**	Line **3.59** ☐ Not listed. Explain ___	_
4.3	**Gerald M. Abdalla, Jr.** **Abdalla Law Firm** **602 Steed Rd, Ste 200** **Ridgeland, MS 39157**	Line **3.59** ☐ Not listed. Explain ___	_
4.4	**Richard R. Barrett** **2086 Old Taylor Road** **Suite 1011** **Oxford, MS 38655**	Line **3.59** ☐ Not listed. Explain ___	_
4.5	**Tannehill, Carmean** **& Mckenzie** **829 N. Lamar Blve** **Oxford, MS 38655**	Line **3.50** ☐ Not listed. Explain ___	_
4.6	**William J. Little, Jr.** **Lentz & Little** **2505 14th Street** **Gulfport, MS 39501**	Line **3.23** ☐ Not listed. Explain ___	_

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	$ **0.00**
5b. Total claims from Part 2	5b. +	$ **51,325,012.96**
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	$ **51,325,012.96**

Fill in this information to identify the case:

Debtor name **Health Assurance, LLC**

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI

Case number (if known)

☐ Check if this is an amended filing

Official Form 206G
Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. **Does the debtor have any executory contracts or unexpired leases?**
   ■ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.
   ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases		**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
2.1 State what the contract or lease is for and the nature of the debtor's interest		
State the term remaining		
List the contract number of any government contract		
2.2 State what the contract or lease is for and the nature of the debtor's interest		
State the term remaining		
List the contract number of any government contract		
2.3 State what the contract or lease is for and the nature of the debtor's interest		
State the term remaining		
List the contract number of any government contract		
2.4 State what the contract or lease is for and the nature of the debtor's interest		
State the term remaining		
List the contract number of any government contract		

Fill in this information to identify the case:

Debtor name **Health Assurance, LLC**

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI

Case number (if known) __________

☐ Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

■ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

	Column 1: **Codebtor**		*Column 2:* **Creditor**	
	Name	**Mailing Address**	**Name**	*Check all schedules that apply:*
2.1		Street City State Zip Code		☐ D ☐ E/F ☐ G
2.2		Street City State Zip Code		☐ D ☐ E/F ☐ G
2.3		Street City State Zip Code		☐ D ☐ E/F ☐ G
2.4		Street City State Zip Code		☐ D ☐ E/F ☐ G

Fill in this information to identify the case:

Debtor name **Health Assurance, LLC**

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF MISSISSIPPI

Case number (if known) ____________

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. **Gross revenue from business**

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year	Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
For year before that: From **1/01/2015** to **12/31/2015**	■ Operating a business ☐ Other	**$7,840,830.00**
For the fiscal year: From **1/01/2014** to **12/31/2014**	■ Operating a business ☐ Other	**$15,608,642.00**
For the fiscal year: From **1/01/2013** to **12/31/2013**	■ Operating a business ☐ Other	**$13,865,444.00**

2. **Non-business revenue**
Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

■ None.

Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. **Certain payments or transfers to creditors within 90 days before filing this case**
List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than $6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

■ None.

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer *Check all that apply*

4. **Payments or other transfers of property made within 1 year before filing this case that benefited any insider**
List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than $6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

■ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer

5. **Repossessions, foreclosures, and returns**
List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

■ None

Creditor's name and address	Describe of the Property	Date	Value of property

6. **Setoffs**
List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

■ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount

Part 3: Legal Actions or Assignments

7. **Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**
List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	**John William Barrett v. Health Assurance Inc., Dr. Carl Faulks, Dr. Maurice McShan** **3:13-cv-813-HTW-LRA**	**Negligence**	**U.S. District Court** **United States Courthouse** **501 E. Court Street** **Suite 2.500** **Jackson, MS 39201**	■ Pending ☐ On appeal ☐ Concluded
7.2.	**John Ashley Hale vs. Health Assurance** **3:15-cv-00170-CWR-FKB**	**Negligence**	**United Sates District Court** **United States Courthouse** **501 E. Court Street** **Suite 2.500** **Jackson, MS 39201**	■ Pending ☐ On appeal ☐ Concluded
7.3.	**Ted Dewayne Cauthen vs. Health Assurance** **3:15-cv-00415-CWR-FKB**	**Negligence**	**United States District Court** **United States Courthouse** **501 E. Court Street** **Suite 2.500** **Jackson, MS 39201**	■ Pending ☐ On appeal ☐ Concluded
7.4.	**Roger Davis vs. Health Assurance** **3:15-cv-00710-HTW-LRA**	**Negligence**	**United States District Court** **United States Courthouse** **501 E. Court Street** **Suite 2.500** **Jackson, MS 39201**	■ Pending ☐ On appeal ☐ Concluded

Debtor **Health Assurance, LLC** Case number *(if known)*

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.5.	**James Richards vs. Health Assurance 3:15-cv-00516-RHW**	**Negligence**	**United States District Court United States Courthouse 501 E. Court Street Suite 2.500 Jackson, MS 39210**	■ Pending ☐ On appeal ☐ Concluded
7.6.	**Donald Edward Tomlin vs. Health Assurance 1:15-cv-00375-JCG**	**Negligence**	**United States District Court United States Courthouse 501 E. Court Street Suite 2.500 Jackson, MS 39201**	■ Pending ☐ On appeal ☐ Concluded
7.7.	**Christopher Allen Joiner vs. Health Assurance 1:16-cv-00023-HSO-JCG**	**Negligence**	**United States District Court United States Courthouse 501 E. Court Street Suite 2.500 Jackson, MS 39201**	■ Pending ☐ On appeal ☐ Concluded
7.8.	**Billie A. Haynes vs. Health Assurance 3:16-cv-00816-LG-RHW**	**Negligence**	**United States District Court United States Courthouse 501 E. Court Street Suite 2.500 Jackson, MS 39201**	■ Pending ☐ On appeal ☐ Concluded
7.9.	**Annie Williams vs. Health Assurance 3:15-cv-00067-MPM-RP**	**Negligence**	**United States District Court United States Courthouse 501 E. Court Street Suite 2.500 Jackson, MS 39201**	■ Pending ☐ On appeal ☐ Concluded
7.10.	**Shontena K. Elliott vs. Health Assurance 3:16-cv-00088-MPM-JMV**	**Civil Rights**	**United States District Court Northern District of Mississippi**	■ Pending ☐ On appeal ☐ Concluded

8. Assignments and receivership
List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☐ None

Custodian's name and Address	Describe the property	Value
IHS Pharmacy P.O. Box 1428 Rainsville, AL 35986	**Commercial Tort Claim against the State of Mississippi**	**$0.00**
	Case title	**Court name and address**
	Case number	
	Date of order or assignment	

Part 4: Certain Gifts and Charitable Contributions

9. **List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than $1,000**

■ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value

Part 5: Certain Losses

10. **All losses from fire, theft, or other casualty within 1 year before filing this case.**

■ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B *(Schedule A/B: Assets – Real and Personal Property)*.	Dates of loss	Value of property lost

Part 6: Certain Payments or Transfers

11. **Payments related to bankruptcy**
List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

■ None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value

12. **Self-settled trusts of which the debtor is a beneficiary**
List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

■ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value

13. **Transfers not already listed on this statement**
List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

■ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value

Part 7: Previous Locations

14. **Previous addresses**
List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

■ Does not apply

Address	Dates of occupancy From-To

Part 8: Health Care Bankruptcies

15. **Health Care bankruptcies**
Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

■ No. Go to Part 9.
☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care

Part 9: Personally Identifiable Information

16. **Does the debtor collect and retain personally identifiable information of customers?**

■ No.
☐ Yes. State the nature of the information collected and retained.

17. **Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

■ No. Go to Part 10.
☐ Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. **Closed financial accounts**
Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

■ None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

19. **Safe deposit boxes**
List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

■ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?

20. **Off-premises storage**
List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

■ None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. **Property held for another**
List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

■ None

Debtor **Health Assurance, LLC** Case number *(if known)*

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. **Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

■ No.
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case

23. **Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

■ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice

24. **Has the debtor notified any governmental unit of any release of hazardous material?**

■ No.
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice

Part 13: Details About the Debtor's Business or Connections to Any Business

25. **Other businesses in which the debtor has or has had an interest**
List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case.
Include this information even if already listed in the Schedules.

■ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN. Dates business existed

26. **Books, records, and financial statements**
26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.
☐ None

Name and address	Date of service From-To
26a.1. **Watkins, Ward And Stafford, PLLC** **P.O. Box 13093** **Jackson, MS 39236**	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

■ None

Debtor **Health Assurance, LLC** Case number *(if known)*

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

■ None

Name and address	If any books of account and records are unavailable, explain why

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

■ None

Name and address

27. **Inventories**
Have any inventories of the debtor's property been taken within 2 years before filing this case?

■ No
☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory

28. **List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.**

29. **Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?**

■ No
☐ Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**
Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

■ No
☐ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value

31. **Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?**

■ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation

32. **Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

■ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation

Debtor **Health Assurance, LLC** Case number *(if known)*

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to $500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **February 15, 2017**

/s/ Carl Reddix
Signature of individual signing on behalf of the debtor

Carl Reddix
Printed name

Position or relationship to debtor **Managing Partner**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

■ No
☐ Yes

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Southern District of Mississippi

In re **Health Assurance, LLC** Debtor(s)

Case No.
Chapter **7**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	$	**3,200.00**
Prior to the filing of this statement I have received	$	**0.00**
Balance Due	$	**3,200.00**

2. $ **0.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

   ■ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

   ■ Debtor ☐ Other (specify):

5. ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

   ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

   a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
   b. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
   c. Representation of the debtor in adversary proceedings and other contested bankruptcy matters;
   d. [Other provisions as needed]
      Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
   Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 15, 2017
Date

/s/ Tylvester Goss
Tylvester Goss 4920
Signature of Attorney
Goss, & Williams
1441 Lakeover Road
Jackson, MS 39213
601-981-2800 Fax: 601-981-7979
Name of law firm

United States Bankruptcy Court
Southern District of Mississippi

In re **Health Assurance, LLC** Case No. ______
Debtor(s) Chapter **7**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Health Assurance, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

Carl Reddix
5903 Ridgwood
Jackson, MS 39211

Michael Reddix
5903 Ridgewood
Jackson, MS 39211

☐ None [*Check if applicable*]

February 15, 2017
Date

/s/ Tylvester Goss
Tylvester Goss 4920
Signature of Attorney or Litigant
Counsel for **Health Assurance, LLC**
Goss, & Williams
1441 Lakeover Road
Jackson, MS 39213
601-981-2800 Fax:601-981-7979